

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1304**  
Registrar's No. **117**

FILED JAN 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>30 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>640 WEST 39<sup>TH</sup> STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LUKE'S HOSPITAL</b>			

3. NAME OF DECEASED a. (First) <b>LOUISE</b> b. (Middle) <b>ELIZABETH</b> c. (Last) <b>HODGES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 8 - 1952</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>JAN. 6, 1899</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INTERIOR DECORATOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TOWN &amp; COUNTRY</b>		11. BIRTHPLACE (State or foreign country) <b>SMITH COUNTY, TENNESSEE</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>WILLIAM H. HODGES</b>	13b. MOTHER'S MAIDEN NAME <b>MARY E. DODGE</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>499-10-2124</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. H. N. Hodges</b> ADDRESS <b>640 W. 39<sup>th</sup> Terrace, P. 196</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrinomatosis</b>		<b>June 1950</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cancer of the Ovary</b>		<b>" "</b>
DUE TO (c) <b>Pneumatic heart disease, mitral stenosis</b>		<b>July 1951</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>As above</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June**, 1950, to **Jan. 8**, 1952, that I last saw the deceased alive on **Jan 8**, 1952, and that death occurred at **11:40 AM.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Arnold V. Arms</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>4635 Wyandotte City, Mo</b>	23c. DATE SIGNED <b>1/8/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN. 10, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>1-9-52</b>	REGISTRAR'S SIGNATURE <b>Heralding Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D. H. Newcome's Sons</b> ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *Robert E. Hermon*

Licensed Embalmer No. *2849*

P. O. Address *R. E. Hermon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.